

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVI. WEDNESDAY, FEBRUARY 24, 1847.

No. 4.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 33.]

BILE.—No mention has yet been made of mercury as an agent that acts, or is supposed to act, peculiarly on the liver. Mercury seems to act stimulatingly on all secretory glands. In all likelihood it operates with as much energy on the pancreas, the follicles of Lieberkuhn, and the glands of Brunner and Peyer, as on the liver. The last-named gland, however, from the color, quantity and activity of its secretions, betrays more readily and unequivocally than the others, the influence of any foreign agent. Mercury appears to act in two ways on the liver: locally, if we may so express ourselves, as a simple purgative; systematically, as a general stimulant, conveyed to the organ by means of the circulation. As regards the former of these modes of operation, Sir James Annesley appears to attribute the superior cholagogue property of mercury to its power of detaching or softening the viscid mucous secretion, which, as he supposes, occasionally produces occlusion of the orifice of the *ductus communis*, and that, by so doing, mercury causes a "discharge of bile into the intestine, which was only prevented by the mechanical obstacle in its way." This may possibly be the case. Certain it is, that the duodenum is often found coated with thick tenacious mucus, which may have the effect ascribed to it above. It is also undoubted, that oftentimes there is reason to suspect, that in consequence of chronic irritation from disease or stimulant food and drink, the mucous membrane of the stomach and duodenum become vascularly congested and tumefied, so as probably to close, nearly or wholly, the orifice of the common duct, where it opens into the duodenum. In these circumstances, mercury, or probably other purgatives, by taking off the loaded state of the duodenal mucous membrane, may release the pent-up bile. Jalap, scammony, the sulphates of soda and magnesia, ipecacuanha, potassio-tartrate of antimony; in short, substances, which combine purgative properties with a power of producing nausea, have the effect of stimulating the discharge of the liver.

That certain purgatives have this local effect on the liver is proved by the occasionally almost immediate reduction of the volume of the organ, followed by copious bilious stools, which succeed the administration of such purgatives.

The chloride and bichloride of mercury have this rapid action from

quently ; whereas, the blue pill acts much more tardily, though, possibly, its action may be as local as the other forms. It may perhaps be converted into the chloride by the hydrochloric acid of the stomach.

Mercury, then, is an excellent occasional purgative of the liver ; and it is the best or only agent we can greatly confide in for keeping that organ in a prolonged state of activity. The nitric and hydrochloric acids, indeed, together or separately, and given internally, and used in pediluvium, semicupium, or whole bath, have this continued effect also in many cases. But while they often fail altogether, their operation, even when it follows, is rarely so perfect as that of mercury.

Some of the metallic salts, as the nitrate and chloride of silver, the chloride of gold, and even arsenic, are said to have the same effect, but I have never noticed it.

Retention of bile in the liver is, in some cases, caused by an unduly insipid and inert diet, by which a sufficient stimulus is not exercised on the duodenum and liver. It is this unstimulant character that gives to several articles the reputation of causing bile, though they are far from containing so plentifully as others the principles of that secretion. As, however, they fail, from the cause named above, to stimulate the liver, and the bile accumulating in the organ is, in some cases, re-absorbed, giving a sallowness to the complexion and conjunctiva, the articles referred to seem, but *only* seem, to be peculiar generators of bile : milk, rice, boiled and eaten without pepper, curry or ginger, and other such articles, have the effect described.

Bismuth.—The tris-nitrate is said to be useful in gastrodynia. I cannot say that I have ever observed unequivocal proof of its utility in this affection, though I have often tested it. As a general tonic, it is, however, valuable, being inferior only to nitrate of silver and the preparations of iron, and equal or superior to zinc. It rarely or never produces the hardness of pulse, and the headache, which iron not unfrequently occasions. It is, in general, most effectual when given in pill, combined with extract of hyoscyamus, hop, or lettuce ; or in powder, united with camphor and myrrh. It may also be very advantageously combined with musk and valerian. It seems to possess antispasmodic as well as tonic properties.

Blister.—There are some forms of chronic dyspepsia which lead to or depend on, an obscure, but sometimes very obstinate, gastritis. The mucous membrane of the stomach becomes the seat of chronic irritation, in the course of which the phenomena of positive inflammation are developed—congestion of vessels, morbid rise of temperature, dryness, pain, and, not uncommonly, suppuration and ulceration. Suppuration of the mucous membrane of the stomach appears sometimes to take place, as in the urethra, &c., without breach of surface ; but in other cases, there are found ulcers, larger or smaller, of the mucous coat, which, indeed, is sometimes extensively destroyed, and the muscular coat laid bare.

The opinion of some is, that ulcers of the mucous coat of the stomach rarely, or with difficulty, heal. I hold a different view ; and I believe

that ulceration and suppuration of this membrane are far more frequent affections than is usually supposed; and also that recovery from them is equally common, except in the cases of the aged, the infirm, or the cachectic.

If we refer to Beaumont's experiments in the case of St. Martin, we shall see how, on several occasions, from very temporary irregularities of diet, and abuse by ardent drink, aphtha and purulent discharges took place from the internal surface of the stomach; the mucous membrane even peeling off in shreds, as the outer skin does after the application of a blister! And it is a fact of great practical importance, that, notwithstanding this serious state of matters, there was little or no pain in the stomach, and the appetite was, singular to say, either natural or augmented.

When there is dull, persistent pain at the epigastriuni; when pressure there gives more uneasiness than is naturally felt (for there is, even in health, a peculiar sensibility at this spot); when the swallowing of cold liquids causes a marked sensation of their having come in contact with a heated, a preternaturally heated, surface; when the fauces appear red, highly injected, dry, more especially if they offer to view angry-looking aphthæ, or are ulcerated; when deglutition, owing to the injected state of the mucous membrane of the throat, is performed with a feeling of difficulty and constriction—we may conclude the gastric mucous membrane either is, or is about to be, in a similar condition with the fauces; for, indeed, it is probably far more usual for this state of the mucous membrane to be propagated upward, from the stomach to the gullet, than the contrary. A feeling of fulness, hardness and stoppage, or obstruction at the angle of the left ribs, in the site of the pylorus, is a further symptom.

In such circumstances, counter-irritation on the epigastrium forms, along with other means, an important and indispensable measure. In some forms of gastritis, leeching or cupping may usefully be practised before the blister; but not in this chronic variety. These means are then not necessary, and sometimes are positively hurtful.

As revulsives, we may employ mustard cataplasms, or turpentine, in which a piece of flannel having been soaked, is then kept so long applied to the epigastrium as to cause great heat, and even vesication; or frictions with tartar-emetic ointment, or with croton oil, may be preferred. But after all, nothing is so certain or so effectual as the emplastrum cantharidis. This, as an external means, is undoubtedly the most sure and speedy victor over inflammatory irritation of the gastric mucous membrane. The blister should be applied rather to the right of the epigastrium, just at the angle of the right ribs, and not entirely under them, but partly on their cartilages. A second, third, and even a fourth, blister may, if necessary, be applied, so soon as the effects of the preceding one are gone off; but more than two or three will rarely be needed, if, meantime, judicious internal measures have been simultaneously employed. These are, abstinence from all stimulating food or drink, such as spices, heating condiments, wines, &c., the use of cold or iced fluids; pitans containing nitrate or acetate of potass; potions containing in solution citric or tartaric acid; lemonade, acid or sub-acid fruit, as grapes, uncooked apples

and pears, strawberries, if in season, pomegranates, melons, cucumbers, celery and lettuce also, if well masticated, have a cooling and beneficial effect on the irritable mucous membrane of the stomach.

If laxatives are required, castor or olive oil are the most unexceptionable. A very dilute solution of bi-tartrate of potass may also be ventured on, which may be aided by an emollient enema.

Bread.—In all cases of chronic dyspepsia, more especially if accompanied with a tendency to constipation, the quantity and quality of the bread made use of is a matter not insignificant. There may be, nay, there often is, an abuse of bread. Most dyspeptics, and perhaps persons generally, use an aliment too concentrated. It is deemed, but erroneously deemed, an improvement upon nature to separate artificially, and before use, the assimilable parts of food from the excrementitious; but this is a signal and pernicious mistake, for which thousands or millions are perpetually paying the penalty, in varied forms of dyspeptic disease. It is a bold measure in man to repeal any union instituted by nature, and to say of ingredients which she presents to us intimately, almost inseparably mixed, this will be better if separated from that: this is to be used and that rejected. In cases, indeed, of substances where the union and separation are both merely mechanical, as of the walnut, almond and chesnut, and their shells or husks, the separation of the parts is legitimate; but not in such a case as that of separating the fine from the coarse part of the grain of wheat. We may be assured, that as nature gave us these united, there are important reasons why we should use them so.

I believe, accordingly, that the use of fine wheaten bread, that is, bread made from the finest part of the ear of wheat, far from being an advantage, is an evil, not the less real that it is insidious; and that in this, as in a thousand other cases, if rightly examined and understood, the necessity of the poor, which keeps them to the use of brown bread, is, by the infinitely wise adaptation of Providence, a blessing, not an evil. The poor man, indeed, *without* his brown loaf, has no chance either of health or life; but the poor man *with* his brown loaf may be a healthier man than the wealthy and luxurious with his fine bread.

The use of fine bread and the systematic exclusion of all excrementitious, non-assimilable ingredients, from our articles of diet, is nothing else than an attempt, as it were, to dispense with the function of four fifths or more of the alimentary canal—a long and important line of excretion, meant to be continually active; and the torpor of and the withholding from which its appropriate stimulus (to wit, the excrementitious parts of our food), cannot but be attended, sooner or later, with serious evils.

Besides this inherent objection to fine bread, the fact that bread of this kind is generally adulterated with alum is an additional ground for disusing it; though this ground of objection would, were the police to do their duty, be easily got over, for the law already prohibits the use of alum. The daily employment, several times, of this salt, in a staple article of food, cannot but be attended with deleterious consequences. No doubt it has its due share in the million cases of dyspeptic derangements which occur; and it is an instance of most culpable remissness in our civil autho-

rities, that they permit the systematic perpetration of a sanatory crime, which the laws have expressly armed them with the power of suppressing and punishing. And when it is known that one, among other objects, for using alum, is, to make worse wheat appear better, this is a further reason for the interference of the police.

The acidity of ill-made bread is generally due to the development of lactic or acetic acid.

One of the principal bakers of the metropolis informs me, that in what is called brown bread there is generally included a proportion of rye, and I suspect that brown bread is generally made of inferior flour. Both these proceedings are objectionable, as they lessen the real wholesomeness of genuine and well-made brown bread.

There was proposed, many years ago, and has been again lately, a mode of preparing bread without making use of the yeast or leaven usually employed to raise the bread, as it is called—that is, to give to it that sponginess of texture which we notice in yeast-mixed bread. The proposal is, to mix the flour with as much carbonate or bicarbonate of soda, and the water to be used with as much hydrochloric acid, as would make the proper quantity of common salt which would be requisite were the bread made in the usual way. The flour and water are then (as I understand the process) rapidly kneaded into dough, during which, from the union of the soda and hydrochloric acid, the carbonic acid is displaced; which then, and during the subsequent baking of the bread, causes, by its expansion, and its retention by the gluten of the wheat, a sponginess in the mass of dough. This is obviously a much less manageable method than the one by yeast and leaven.

Brown bread is to be preferred by sedentary persons, for two reasons: it is in some degree a substitute for that exercise they neglect, and by which the action of their bowels would be promoted; and by its greater proportion of relative bulk to nutritive property, it sooner satisfies the appetite and fills the stomach, without proportionally supplying materials for plethora; both which qualities suit sedentary persons, who, as they take little exercise, should also take little food.

It may not seem out of place here to remark how much custom or prejudice operates in the preferences of different nations for the grain of which their respective breads are made. Thus, in many parts of western North America, bread from Indian corn is preferred to that from wheat. In Sweden, I find, from the late Mr. Inglis's book of travels in that country, rye-bread is preferred by the peasantry to wheaten. A few years ago, my famishing fellow-countrymen in the north (the Highlanders) could not be induced to eat the rice which English charity transmitted to them, which, I believe, had to be re-transported; oat-bread they seemed to regard as the only staff of life. Analogous illustrations might be multiplied.

In many cases of dyspepsia, attended with constant acidity and eructations, the substitution of water-biscuits for bread is, along with other means, attended with marked benefit.—*London Lancet.*

HAIR EXTRACTED FROM AN ULCER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I take the liberty to send you a short account of the following case, which I am vain enough to think may be interesting to you.

Last year I was called upon by Capt. ———, who stated that his son had a troublesome sore on his back. He thought it was a scrofulous sore, and felt very anxious about it, he being his only son. I heard his story, and told him I must see him and look for myself before I gave an opinion.

About a week after this conversation he called on me with the young man, aged 21, who had very fair light complexion, light hair, light-blue eyes, and walked lame. The young man said he had a bad scrofulous sore upon his back, which he believed would use him up. He said some six months before, while in the woods, he received a severe blow near where the ileum and sacrum unite, but he felt nothing of it after a few days. I found, upon examination, a *fistula* opening near the os coccygis, on the left side. I tried to introduce a probe, and then various smaller instruments; but found it impossible, the opening being so small and crooked, to introduce anything into it. I found a tender spot about four inches above and to the left of the opening, which upon pressure discharged two or three teaspoonfuls of mucus mixed with pus. After opening the mouth or outlet, I used injections of nitrate of silver and chloride of mercury, and without any perceptible benefit. I then made an opening into a cavity, which discharged the same in quality as mentioned above, intending to lay it open to its mouth, but could not follow the track, for it ran in all directions, or rather branched. I threw injections into the opening which I had made, and they passed out at the natural outlet, but could force nothing the other way, i. e., from the mouth to the wound.

About three weeks after I made the opening, while at work upon it I drew out a black substance, in a loop form, as large round, when straight, as a large-sized rye straw, and very offensive. I found it was hair, very fine, closely matted, and about two inches in length. When it dried, the next day, I examined it again, and found it soft and fine, the color a dark brown. The discharge stopped, the wound healed rapidly, and he was entirely well in three weeks from the time he lost his hair.

P. S.—I saw him yesterday. He is perfectly well, labors upon a farm, and, I regret to say, has burnt the hair, which I intended to have forwarded to you.

Yours respectfully,

Gray, Me., February 8, 1847.

A. W. ANDERSON.

PROFESSIONAL CIRCULARS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have recently received a lithographed circular from two young gentlemen in Boston, offering their services in surgical operations and consultations. I presume that several of my brethren in the vicinity of

Boston have had a similar favor conferred upon them; and truly we ought to be grateful for "favors received."

I am well aware, Sir, that our brethren of the city have advantages and facilities that we in the country have not. But our city friends must not forget that in these days of rail roads and telegraphic communication, "many run to and fro and knowledge is increased." Steam and lightning are famous levellers. If they bring business and gain to the city, they distribute information and facilities through the country. Now, Sir, I too profess to be a surgeon. Some twenty years ago, I was an-interné in the Massachusetts General Hospital, where I got some notion of surgery under the instruction of Drs. Warren and Hayward, and of auscultation under Drs. Jackson and Bigelow, sen., and I have been in the practice of surgery and auscultation ever since. It is true I have not been an externé at a foreign hospital, but then I have read your Journal every week since you had charge of it, and even before, when it was in charge of Dr. Flint and others,* which, if your modesty will permit, you may consider an equivalent. I have not published an annual list of my cases, like some of our professors of surgery, but I would not have you infer from that circumstance, that I have seen no service, or that I am not capable of forming a *diagnosis* or of performing an operation in ordinary cases. I have no doubt that the gentlemen referred to have talents of a high order, and that they have had good advantages, and will, in process of time, acquire eminence in their profession. But the *attitude* assumed in this circular I think they must have learned from some *posture-master* in "foreign parts." It certainly was not taught them by the "fathers" in New England. When young men, associating with their own the name of some eminent man, offer their services to the poor gratuitously, we all understand perfectly well that it is for the purpose of obtaining notoriety—a counterpart to the advertisements of the Gourauds and Hewetts—the way in which the "regulars" do the same thing. This is bad enough. But this circular is a *new feature*, a step in advance. I trust these gentlemen will esteem it a mark of no disrespect, if, when I have occasion to send patients to the city to obtain a "*written diagnosis, prognosis and course of treatment*," I shall prefer to send them to those who are a whole generation *behind* them in knowledge and experience.

February 8, 1847.

Yours,

AN OLD SUBSCRIBER.

PROFESSOR SMITH'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

It is not often that we find in these annual, and for the most part ephemeral publications, a sufficiency of either novelty or merit, to entitle them

* The Editor begs to state to the writer of this communication, that no Dr. Flint was ever in any way connected with this publication. There was formerly a monthly medical periodical in this city, conducted by Dr. Flint and associates, which had a starving circulation for a short time, and finally died of inanition. This Journal was originated by its present editor.

† A Discourse on the Public Duties of Medical Men, delivered as an Introductory Lecture at the College of Physicians and Surgeons in the City of New York, November 2d, 1846. By Joseph Mather Smith, M.D., Professor of the Theory and Practice of Physic, &c. Published by request of the Class.

to more than a passing notice. The present discourse is, however, a striking exception to this remark, and deserves to be read and pondered by every member of the profession not merely, but by public men in every department, who can appreciate sterling and practical sense, emanating from one in whom profound scholarship is associated with a modesty of pretension, which is but seldom its characteristic.

The topic of the discourse is fitly chosen, and most timely in its appearance in view of the professional days of degeneracy and apostasy upon which we have fallen. The style is dignified and elevated, without any semblance of ambition to exhibit, on so grave a theme, the ornate decorations of modern rhetoric. And yet that the discourse has been elaborated with a scrupulous regard to the important bearings of the subject upon the public health, is apparent on every page; and we shall misjudge the intelligence and discernment of those interested in its lessons of practical wisdom, if this unpretending pamphlet do not attract the attention and call forth the admiration of his professional brethren, and be deemed worthy of the notice of civilians who are concerned in the valuable historical and statistical details, which are here dwelt upon in the true spirit of philosophical inquiry. We only regret that our contracted limits do not permit us to fortify our estimate of this performance by more extended extracts. We must content ourselves with a few, and hope thus to prompt our readers to peruse the discourse *in extenso*.

After forcibly dwelling upon the moral and physical phenomena of pestilence, the Professor says:

"Now, it is in the midst of such scenes, that the physician is expected to act with intelligence and deliberation. Though breathing, in common with his fellow-citizens, a pestilential atmosphere, and especially so in his visits to the crowded hovels of poverty and filth, no fears or anxieties should be allowed to disturb his equanimity or embarrass his judgment. His is then emphatically the post of danger as it is of duty and of honor. The public have a right to claim his services; and hence it is important that he be qualified to render them with advantage to the community, and with credit to himself and his profession. Thucydides, in his history of the Athenian pestilence, called upon every physician to declare the origin of the distemper. During the plague of London in 1665, the king 'commanded the College of Physicians jointly to write somewhat in *English*,' says Dr. Hodges, 'that might be a general directory in this calamitous exigence.'

"But in no pestilential period has recourse to our profession been more universal than during the wide-spread desolations of the epidemic cholera. Wherever, in Europe, the disease appeared, or threatened invasion, the municipal authorities consulted learned physicians and medical associations; and, for the most part, adopted the methods suggested by them for averting or arresting its prevalence. On its appearance in this city, in 1832, a medical council was organized, at the head of which was placed the eminent physician and surgeon, who now presides over this college; and whose learning and practical wisdom are directed to the promotion of its highest interest."*

* Alexander H. Stevens, M.D.

"If the spread of pestilential fevers depend upon a contagion transmitted from one individual to another, and capable of being transported from place to place, it is obvious that the means of checking their diffusion should be founded upon principles corresponding with the laws which are known to govern the extension of disorders confessedly contagious. But if they originate from a poison, generated from materials existing within the precincts of cities, and totally disconnected from the living human body, a poison incommunicable from one person to another, but diffused through the common atmosphere and endangering all who breathe it, it is equally plain that a very different system of means is required to stay their prevalence and prevent their recurrence."

"When the Venetian Government, in 1423, appointed officers to guard against the introduction of the plague, an appointment from which originated lazarettoes and quarantines, there was but one opinion respecting the cause of the disease; and consequently no other preventive measures were thought of, but those intended to exclude its reputed contagion. From that period to the present day, the same principles of medical police have, for the most part, prevailed in regard to that disease in the different countries of Europe; and have been implicitly adopted in this country, in relation to the yellow fever. The correctness of those principles were long since called in question by many respectable medical observers; but the fears and prejudices of mankind have hitherto allowed no facts, however well established, and no arguments, however conclusive, to induce them so to alter the regulations of quarantine, as to make them harmonize with the doctrine of the endemic or miasmatic origin of malignant fevers."

"The only apology which can be offered in justification of legislative bodies declining to alter the laws relating to pestilential diseases, and particularly to quarantine, so as to make them consistent with our improved knowledge of the causes of those diseases, is the want of unanimity among medical men. If appeals, however, were made to those only, whose learning and opportunities for observation have enabled them to trace the causes of malignant fevers to their true sources, it is believed, there would not be found sufficient discrepancy of opinion among them to occasion any embarrassment in arriving at just and satisfactory conclusions on the subject."

We have room but for one more extract.

"But further; as it is the province of the physician to enlighten the public on the subject of the sources of pestilential diseases; so it is also his duty to indicate other general causes of disease and to urge the adoption of means for their correction. Among the causes referred to, there is none more injurious to health than the use of intoxicating liquors. Indeed, the amount of disease, poverty, immorality and crime, produced by intemperance, vastly exceeds that resulting from all other sources of physical suffering, depravity and guilt. It was remarked, nearly two centuries ago, by Lord Chief Justice Hale, that if the great enormities, which had come under his judication in the course of twenty years, 'were divided into five parts, four of them would be found to be issues and products of excessive drinking, or of tavern and ale-house meetings.'

"Recognizing it as an obligation incumbent upon him, as a physician and guardian of the public health, Dr. Rush, years ago, widely proclaimed the mischiefs and extent of this prevailing vice of our nation. But it is only of late that the philanthropic of our whole country have been awakened to a sense of its destructive consequences. It has been remarked by a medical professor in a neighboring State University, in speaking of the numerous victims of intemperance, that 'well may war, pestilence and famine drop for an instant their weapons of destruction, and look on with astonishment and envious admiration, to behold their own havoc so far outdone.'

"The magnitude of the evil in question, demands that every medical man should gird himself to the work of promoting the temperance reform which is now going onward in the world; and which the late lamented President of this College, Dr. Watts, pronounced the greatest moral enterprise of the age."

But these are only a few of the topics in this fruitful theme upon which this discourse furnishes both argument and illustration. The services required of the physician to the armies and navy of his country, are dwelt upon with much emphasis and feeling, in view of the present application of this subject to our forces employed in Mexico in the existing war. The importance of being thoroughly furnished with knowledge in juridical medicine, to meet the trying emergencies and responsibilities to which medical men are summoned, for the security of the ends of justice, and the protection of the varied interests of humanity, in our courts of law, are impressively illustrated, and appropriate reference is here made to the distinguished services rendered in this department by the joint labors of his colleague, Professor Beck, and those of his brother the professor in the Albany school. So also allusion is made to the public duties of medical teachers as well as practitioners, proving that the author does not shrink from the responsibilities of the profession in the position he has so long filled, and which he has adorned.

The high tone of morality inculcated in this discourse will exalt its author in the estimation of every considerate reader, and happy will it be for our country if the genuine patriotism, here taught, shall be exemplified by those to whom it is addressed, for the name of an American physician would then become identical, as it ought ever to be, with that of the scholar and the gentleman.

R.

DR. GREEN'S WORK ON BRONCHITIS, *VERSUS*, DR. D. M. REESE.

[Communicated for the Boston Medical and Surgical Journal.]

"MEDICUS," *alias* Dr. David M. Reese, for such he avows himself to be, is still laboring most piously and zealously to prove that there is nothing "original" in Dr. Green's practice; and he "lets off" the "paper bullets of his brain" with an energy and prodigality that would do honor to General Taylor or Santa Anna. He is in medical criticism (heaven save the mark!) what the gladiator is in the arena; his great object seems

to be the destruction of his opponent, right or wrong, and unless he can accomplish this, it is probable that the fierce excitements to which he has given way, will never be appeased. Dr. Reese may be a *sane* man, and we hope he is somewhat of a *godly* man, but we fear he is giving more attention to this unprovoked and unnecessary warfare, than to his prayers; and though he is to be commended for every laudable effort to sustain the dignity and honor of an "outraged profession," as he eloquently and dolorously expresses it, yet it would be a matter of regret to find him trampling justice, truth, and christian charity under foot.

A writer over the signature of "Justus" has had the effrontery to come out, in the New York Medical and Surgical Reporter, in defence of Dr. Green, and this, in the estimation of Dr. Reese, seems to be an unpardonable sin. The latter is not content that the "war" should be confined to the good city of Gotham, but he must, forsooth, scatter his firebrands here in quiet, sober New England, where feuds are unknown among the medical fraternity, and where the "profession" are not at all distinguished for their "fighting propensities."

The second communication of Dr. Reese in relation to Dr. Green's book, which made its appearance in the last No. but one of this Journal, is, everything considered, one of the most singular and remarkable productions which it has ever been our lot to peruse.

Let us look a little more closely into the matter. In the first place, Dr. Green has the presumption to write a book, and the still greater presumption to have it "lettered on the back, in formidable gold letters," if we are to take the word of the zealous critic of this excellent production. Dr. Reese, justly indignant, and anxious to maintain the dignity of an "outraged profession," sends a highly condemnatory epistle on the subject to the New York Commercial Advertiser, which appeared in that paper on the 16th of December last. On the very same day, a similar communication, glowing with a perfect frenzy of indignation, if I may so express myself, made its appearance in this Journal, charging Dr. Green with flagrant plagiarism, &c. Dr. Green, considering the communication in the Commercial a libel upon his character, as we learn from the Medical and Surgical Reporter, already quoted, applied, through his attorney, for the name of the author, when that of Dr. Reese was given. The latter being required to retract the charge of plagiarism, published a communication accordingly, in the same paper, on the 29th of December. The reader should not forget the date. In this communication, Dr. Reese asserts that the charge of "gross plagiarism" was made *only* against the writer of a notice in the Advertiser eulogizing the book of Dr. Green, and comparing him with the illustrious Jenner. It has been remarked of the writer of this notice, that he is a gentleman of deservedly high character and standing, both in medicine and general science, and therefore we infer that whatever he may have said in praise of Dr. Green was prompted by *sincere* and *honest* motives, which is something to boast of in these days of censorious and degenerate criticism. Dr. Reese further states, in his communication of the 29th of December, that he *had not read* Dr. Green's book when he published his strictures

in the Advertiser on the 16th of December, and hence we have his own deliberate confession, that he is capable of assuming to criticize a book, and passing upon it the severest condemnation, without having given it a perusal.

But here is another remarkable statement by Dr. Reese. In his last communication to this Journal, he says, in substance, that soon after his first article signed Medicus, was sent to the New York Commercial Advertiser, he read Dr. Green's book, and "forwarded a review of it at once to the Boston Medical and Surgical Journal, over the same signature, designed for the profession." This is certainly very curious, and is quite as difficult to comprehend as the Egyptian hieroglyphics. In the first place he confesses, on the 29th of December, that he reviewed Dr. Green's book on the 16th of December, without having read it—a fact highly creditable to him as a critic, an author and a physician—and on the 28th of January following, he avers that *soon after* the 16th of December he did read the work, and forwarded a review of it to the Boston Medical and Surgical Journal; and yet that review, which made its appearance on the 16th of December, as is already known, must, from necessity, have been in the compositor's hands in this city as early as the 10th or 11th of December; four or five days, or a week, in advance of the time when the book, by acknowledgment, was actually read, if read at all, which we very much doubt, and which we shall attempt presently to prove. There are two horns to the dilemma, and it is not for us to determine upon which our critic shall hang his reputation.

In our first reply to Medicus, we asserted that he had made the charge of plagiarism against Dr. Green either through ignorance or malice; and now it would seem that both had something to do with the matter. Assuming to criticize a book which has not been read, and condemning it in terms of unqualified severity, does not only imply ignorance of the book, but malice of the deepest and darkest dye.

Medicus has made a number of fervent appeals to an "outraged profession," as he emphatically expresses it, in reference to his unfounded charges against Dr. Green; but what will that profession say when they find that Medicus himself has been imposing upon them; that he has assumed to review a valuable and important book, carefully and systematically, for their especial edification, and yet has never given that book a perusal. Well may we talk of an *outraged profession*, when sober and candid criticism must give way to harsh invective, artful misrepresentation, and an intolerant spirit of persecution.

Let us now pass to some other points in the communication of Dr. Reese. He endeavors strenuously, as in the first instance, to make it appear that the practice of Dr. Green is identical with that of MM. Trousseau and Belloc, and, as might be expected, not having truth on his side, his failure is more apparent and signal than before. He has evidently been reading Trousseau and Belloc from the alpha to the omega, and pressing into his service every isolated paragraph that could aid him in his censorious work; but every step which he has taken in the investigation, has only tended to exhibit his recklessness and injustice in a still clearer

and stronger light. The principal quotations which he has made from the French authors, in support of his charges against Dr. Green, he will find duly and honestly recorded in Dr. Green's treatise, which, as we have already suggested, it is evident he has never read. Let us, however, make extracts from the work in question, that the reader may be enabled to form his own judgment. First, then, Dr. Green says:—

"Although topical remedies have been employed from an early period, in the treatment of various affections of the air passages, in the form of powdered substances, brought into immediate contact with the diseased surface, by means of insufflation, as recommended by Aretæus for angina maligna, and in form of vapor of different volatile matters, by means of inhalations as advised by many writers—yet to MM. Trousseau and Belloc belongs the honor of having been 'the first to prescribe and employ topical medications in chronic diseases of the larynx.'"

Dr. Green then enumerates various solid substances which have been employed in the form of impalpably fine powders, for the above purpose, and describes the process by which they have been introduced into "the larynx and upper part of the trachea." He then continues as follows:

"Inhalations of the vapor of hot water impregnated with some of the essential oils, &c., have been employed; but, as a serious inconvenience arises from the impossibility of restricting these applications to the diseased larynx, their use, &c., has been abandoned, and liquid medications substituted, as capable of being applied with more ease and certainty, and without any risk of injuring the trachea, or bronchi. These latter are composed of the solutions of nitrate of silver, corrosive sublimate, sulphate of copper, and nitrate of mercury; but after having made trial of them all, a decided preference was given by Trousseau and Belloc, to a solution of the nitrate of silver, on account of its harmlessness, its efficacy, and its rapidity of action. A solution of the strength of two drachms of the nitrate, to an ounce, or, sometimes, to a half ounce, of distilled water, was found most effectual as a topical remedial agent in laryngeal disease."

"Two methods were employed by the above writers," continues Dr. Green, "for applying the solution to the epiglottis, and upper part of the larynx. In one way the object may be effected by means of a small, round piece of sponge, attached to the bent end of a rod of whalebone. This sponge being dipped in the solution, is carried into the patient's mouth, and passed to the top of the pharynx, where its presence excites an effort of deglutition which causes the larynx to be elevated; at this moment the sponge may be brought forward to the opening of the glottis and the solution expressed into the larynx. Another mode of applying the solution, as advised, is by employing a small silver syringe, having a long and curved tube. The instrument being filled to one fourth its capacity, is carried beyond the epiglottis, and the solution forcibly discharged into the opening of the larynx."

Dr. Green has rivalled our critic himself in the copiousness of his extracts from Trousseau and Belloc, withholding nothing, and generously conceding to the French authors everything to which they can lay claim;

and yet Dr. Reese, with this fact staring him in the face, has the effrontery, not to say foolhardiness, to accuse Dr. Green of plagiarism. A more ridiculous piece of folly could not have been perpetrated outside of a lunatic asylum.

Dr. Green, so far as we have examined his work, does not arrogate to himself any special or extraordinary claims with regard to his practice. With a laudable frankness and honesty, he quotes freely from Trousseau and Belloc, and gives us full and satisfactory information with regard to their treatment of diseases of the larynx, specifying particularly the method by which they make their topical applications; and then with a similar exactness, and with a manifest desire to render his professional brethren every possible information upon the subject, he describes the method which he himself has long pursued in making applications to the laryngeal cavity.

With regard to the two modes of practice, we think there can be but one opinion. The instructions of Trousseau and Belloc for making applications to the larynx, are definite and specific, and cannot be misunderstood. The French authors endeavored to express the medicinal solution into the larynx, by a peculiar method of operating, and did not direct that the sponge itself be introduced into the cavity of the larynx. Hence their practice was uncertain, and, as I remarked in my first communication, if the medicinal solution found its way into the larynx, it was rather by accident than otherwise. Dr. Green, on the contrary, boldly and systematically introduces the sponge into the laryngeal cavity, and freely cauterizes its lining membrane, and hence there is a certainty in his mode of operating which is wholly wanting in that pursued by his French brethren.

We feel persuaded that Trousseau and Belloc did not uniformly succeed in making applications to the interior of the larynx in the way they have pointed out. Taking the hint from Dr. Green, I have been in the frequent habit of introducing a sponge, charged with a medicinal solution, into the larynx; and in accordance with his instructions, I have been careful, before "entering the larynx," to make occasional applications to the fauces and pharynx, bringing the sponge more or less in contact, as a matter of course, with the epiglottis and top of the larynx, and yet, from what my patients have said of the sensations which they experienced, I have not been led to believe that the medicinal solution found admittance into the laryngeal cavity during these initiatory applications.

In view of the copious extracts from Trousseau and Belloc, which are to be found in Dr. Green's work, it is ineffably silly to conclude that he harbored the idea for a single moment of committing plagiarism. The plagiarist who wishes to appropriate the ideas or language of an author, would not be likely to make even a distant allusion to his book, for by so doing he must know that he would be certainly and speedily detected. If, on the other hand, a writer should make copious extracts from a volume which has passed into comparative obscurity, thereby directing public attention to said volume, it would be about as reasonable to suppose that

he had any piratical intentions, as that the robber would first give warning to the inmates of a house which he intended to plunder.

Medicus has as many colors as the chameleon. He can change from white to black, or from black to white, as may best suit his purpose. In his first communication to this Journal, he ridiculed the idea of entering the larynx, as proposed by Dr. Green. It was preposterous—very; it was apparently too absurd for criticism. Hear how earnestly, how impressively, how indignantly he delivers himself on this all-absorbing topic. The reader "will expect to find," he says, alluding to Dr. Green's book, "the proofs that the novel feat of passing an armed probang *through the larynx*, into the *trachea* down to the *bifurcation*, has been performed," &c. "It was this monstrous assumption," he continues, "which was scouted by the profession, as 'ludicrously absurd, and physically impossible.' Such professions notoriously made to inquiring invalids, and vaunted as having actually been done upon their own persons, &c., when the sponge had been merely thrust for a moment behind the epiglottis, were deemed by anatomists as impugning the professional honor of their author, and all such united in reprobating the whole fiction as worthy only of contempt."

If we have any faculty whatever for comprehending the language of another, we should infer that Medicus was sure, very sure, that it was quite impossible to introduce a sponge into the larynx; but since his first communication was penned, he has become wonderfully enlightened, and one would imagine, from the perusal of his *second* article, that "entering the larynx" had been an almost every-day business with physicians for the last century. That which a few weeks ago was so "absurd," so "ludicrous," so "monstrous," so unheard of in the annals of medicine, is now, and has long been, the "common property of the profession," and not to know this fact, is to argue yourself unknown.

Medicus is extremely nice about dates, at least so far as it relates to the researches, &c., of Trousseau and Belloc; and if he had been equally nice and specific with regard to the *precise* time when he read Dr. Green's book, he might have been saved a good deal of mortification. He complains of Dr. G. for stating that the work of Trousseau and Belloc was translated and published in this country in 1841, whereas it made its appearance in Dunglison's Library as early as 1839. The truth is, the work did not assume a book form until 1841, when it no doubt fell into the hands of Dr. Green for the first time; and that he should have been ignorant of the previous publication of the same work in Dunglison's Medical Library, is not at all remarkable, for it does not seem to have attracted any particular attention, and we very much doubt whether Medicus himself ever heard of either publication until it was brought into notice by the recent work of Dr. Green.

Boston, February 18, 1847.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, FEBRUARY 24, 1847.

Boston Society for Medical Improvement.—On no recent occasion has there been a more social gathering of medical gentlemen in this city, than on the anniversary of the Boston Society for Medical Improvement, at the hospitable residence of Dr. Reynolds, in Winter street. The voice from *Holmes's Hole*—relating the poetical history of an antique, to which the eyes of the guests were directed—cannot be easily forgotten. We perfectly agree in sentiment with the Irish gentleman, who thought that *anniversaries* should always be celebrated twice a year! Why cannot the quarterly meetings of the medical association be revived? Such rapid accessions are made to the medical ranks in this thrifty city, that even old acquaintances are beginning to lose sight of each other in the crowd. There must be some device for bringing the whole group together, at short intervals, with the express object of cultivating and cherishing social intercourse.

Boylston Medical Society.—At a meeting of the committee on dissertations, held Feb. 10th, the following prizes were adjudged in order of their excellence. 1st, \$20, to Ralph Kneeland Jones, for an essay "on the structure and functions of Serous Membranes;" 2nd, \$20, to Wm. Otis Johnson, for an essay on Pneumonia; 3rd, \$20, to John Gallison Sewall, for an essay on Acute Rheumatism; 4th, \$20, to Thos. Andrews, jr., for an essay on Tubercle. The dissertations this year, we learn, were of an unusually high order, and some difficulty was experienced in making a selection by the committee.

Bloomingdale Asylum for the Insane.—From the 26th Annual Report of this Asylum, by Dr. Pliny Earle, we learn that during the past year "250 patients have enjoyed the benefits of the Institution. Of these, one hundred and seventeen were here on the first of January, and one hundred and thirty-three were admitted during the year. One hundred and six have been discharged and thirteen have died, leaving in the Asylum, at the present time, one hundred and thirty-one. Of the patients discharged, fifty-four were cured, fifteen much improved, twenty-one improved, and sixteen unimproved in their mental condition. Three of those discharged much improved, recovered soon after leaving, thus making the whole number of cures fifty-seven. The daily average number of patients for the year was one hundred and twenty-four and a fraction. The greatest number, on any day, was one hundred and thirty-three; the least, one hundred and thirteen."

This Institution, it will be remembered, is a branch of the New York Hospital, and is situated a few miles out of the city. It was "originally founded by the contributions of benevolent individuals, with the single object of doing good. Subsequently, the liberality of the Government of the State—a liberality as noble as it is disinterested—has greatly increased its means of effecting the object in view. Without that assistance, it never could have fulfilled, so fully as it has done, the duties of its mission."

Western Reserve College.—Cleveland Medical School, Ohio, is one of the departments of the Western Reserve College. How long the connection has existed, the catalogue does not explain. From the fact that two hundred and sixteen students have been in attendance on the various courses of lectures, its vigorous health and growing influence are inferred. There ought to be no quacks in Ohio—possessing, as the State does, two flourishing, well-conducted medical institutions. But, alas! there are regularly constructed establishments at Cincinnati for manufacturing *irregulars*, who abound throughout the State.

Value of Married Life.—By the Register-General's Report in England, it is ascertained that men and women, married at 26, live together, on an average, in that country, 27 years. The widows survive their husbands a little more than 10 years, and widowers live not far from 9 after the death of their wives. When the husband is 40 and the wife 30, the mean term of married life is 21 years—the widows surviving 13 years after their husbands' death, and the widowers only 5 after the loss of their wives. Probably there is no essential difference in the laws of life, in the United States and England; but it should be added, by way of encouragement, that both sexes by being married have a longer lease of life than they otherwise would have. It is not necessary to enter upon a physiological explanation, since the tables of registration have established the fact beyond contradiction.

Lepers of Rhodes.—Mr. Daniell, an English gentleman, relates, that in a voyage from the main land to Rhodes, a little barque, containing lepers, was cast on shore—which gave him an opportunity for examining the character of that extraordinary disease, leprosy. There were seven persons in every stage of it. Three were far gone, a man and two women. The men were blind and speechless, and all three had lost the use of their extremities, which appeared to have been eaten away. Two others had not lost the use of their hands, but their toes were gone, which almost prevented them from walking. A fine young man, and a well grown and rather handsome girl, at a distance appeared unharmed, yet on a nearer approach the bandages on one foot of the female and over one eye of the youth, demonstrated the fact that the plague spot was upon them. There appears to be no disease analogous to this ancient malady—for which there seems no remedy within the resources of medicine.

After-Pains philosophically prevented.—A prominent communication in a recent No. of the Cincinnati Botanico-Med. Review, bears the above caption. The writer goes on to say: "I would have sent it to you sooner, had it not been for the incredibility of the mode; but since mesmerism has become so well established, and the same philosophy that accounts for the connection that exists between the mesmerizer and his subject, when some distance apart, accounts also for the incredible part of my mode, I venture, without further delay, to give it to the world, and especially to the botanic sisterhood—though I am aware they do not suffer hardly anything in comparison with those under the practice of *depleters*, yet to prevent *any* must certainly be a great desideratum."

"The mode, like all others of nature's operations, is simple and easy, when once understood: it consists in salting well the after-births immediately after its being separated from the mother, and, in place of burning it, as is the custom with many, have it quietly buried in some nook or corner of the garden where it will not be disturbed by any thing. The philosophy of the mode is this. By properly salting the after-births, it prevents the coagulation of whatever and all the blood remaining in it; and so long as *that* blood is prevented from coagulation, so long will there be no coagulation of what remains."

If this man is not positively insane, he is fairly entitled to a fool's cap and ass's ears. Who would have believed that such degradation of thought could have been permitted in a periodical ostensibly published for the dissemination of the true principles in medicine. The editor admits that he does not understand the philosophy of it, but adds, "*it may be a fact notwithstanding*," which is making a bad matter worse. How beautifully and delicately the author of this philosophical intelligence secures the confidence of what remains:—

"After you have proven the above, I wish you to incorporate it in your next edition of Lectures on Obstetrics, to be handed down to future generations; for I know of no work more certain to convey it down to futurity than your work just named. You will have to multiply them, edition after edition, as long as you live; and, even when you are no more, that work is destined to live and bless our race, and keep *your* name alive perhaps longer than your natural posterity. Yours in the bonds of medical reform."

Philadelphia College of Medicine.—It will be seen, by an advertisement in this Journal, that a new medical school in Philadelphia has been incorporated by the Legislature of Pennsylvania, the spring course of lectures commencing in March. This makes the fifth medical college in that city. The circular of the school, which one of the Professors writes was forwarded to us, has never been received, so that all we know respecting the institution is gathered from the advertisement. Dr. Mitchell, Lecturer on Theory and Practice, belongs to the Transylvania University, Lexington, Ky., and has had, as well as Dr. McClintock, much experience in teaching.

Dr. Bell's Medical Library and Bulletin.—We have neglected to notice the discontinuance of this work. It has been published in Philadelphia for several years past, and has ranked high as a medical periodical. The December No. contains the valedictory of Dr. Bell. Dr. B. possesses rare qualifications as a medical writer and editor, and we are glad to learn that he does not contemplate withdrawing entirely from medico-literary pursuits. Dr. Dunglison's Medical Library, a somewhat similar periodical in the same city, was discontinued some years since.

Re-print of the 14th Part of Braithwait's Retrospect.—Messrs. Jordan & Wiley have furnished us with the above re-print of this now well-established work. It is worthy the examination of every physician who does not possess a copy. A specimen of the work will be furnished gratis on application by letter, post-paid, to Jordan & Wiley, Boston, or to this office.

Rep
the
the
277
wer
one
now
dur
tain
imp
deat
prov
deat
prov
24.

M
prac
and
cand
Surr
Rom
petit
J., A
ham.
Pitts
setts
the t
was
—No
an ac
regre
digni
pract
gates
first
that t

MAN
Keelin

DAR
late of
Edson,
New Y
writer
and chr

Repe
Still-bo
croup, 4
brain, 3
vulsions
Under
60 years

Massachusetts State Lunatic Hospital.—From the Fourteenth Annual Report of this institution, to which we have already alluded, we learn that the patients in the Hospital in the course of the past year were 637; at the commencement of the year, 360; admitted in the course of the year, 277; remaining at the end of the year, 367. Of the admissions, there were cases of less duration than one year, 167; longer duration than one year, 88; the duration of which not ascertained, 22. Patients now in the Hospital—of less duration than one year, 73; of longer duration than one year, 285; cases the duration of which not ascertained, 12. Total discharges during the year, 270, viz.: recovered, 154; improved, 31; incurable and harmless, 43; incurable and dangerous, 4; deaths, 38. Recent cases discharged, 160—viz.: recovered, 119; improved, 11; incurable and harmless, 6; incurable and dangerous, 1; deaths, 18. Chronic cases, discharged, 111—viz.: recovered, 30; improved, 20; incurable and harmless, 34; incurable and dangerous, 3; deaths, 24. Patients discharged, duration not ascertained, 9.

Medical Miscellany.—A Dr. Frank, convicted at Buffalo, N. Y., of malpractice, has been sentenced to ninety days confinement in the County jail, and to pay a fine of \$100.—Dr. Geo. Taylor, of New Milford, Conn., is a candidate for Congress.—The house of Dr. Wm. H. Edwards, Cedar Fields, Surry Co., Virg., has been destroyed by fire.—Students of the University at Rome have petitioned the Pope for a professorship of legal medicine, which petition he is considering.—Robert Caldwell died lately at the Newark, N. J., Almshouse, at the age of 102 years.—Dr. Otis Hoyt, late of Framingham, Mass., has been commissioned Surgeon, and Dr. Timothy Childs, of Pittsfield, son of Dr. H. H. Childs, Assistant Surgeon, of the Massachusetts Regiment of Volunteers, and will both sail this week for Mexico, with the troops.—The Boston Transcript intimated last week that Dr. Warren was about resigning his connection with the Medical College in this city.—Next week's Journal will contain an article by Dr. O. W. Holmes, giving an account of an extraordinary malformation.—The New York Annalist regrets that Mr. Liston, of London, is so negligent of what is due to the dignity of his profession as to have employed the patented letheon in his practice.—The New York Academy of Medicine have voted to send Delegates to the National Medical Convention, to be held in Philadelphia the first Wednesday in May next.—By the news of the last steamer, we learn that the letheon is coming into general use in the English hospitals.

MARRIED.—At St. Brides, Va., Dr. William Tatem, of Norfolk, to Miss Virginia Washington Keeling, of St. Brides.

DIED.—In Walpole, N. H., Dr. George Sparhawk, 30.—At New York, Dr. Alexander Edson, late of Vermont, known as the living skeleton, and brother to another skeleton, the late Calvin Edson, 42.—At Wethersfield, Conn., Dr. Alonzo Rockwell, 46; Dr. Ashbel Robertson, 60.—In New York, Dr. Uriah Turner, 46, formerly publisher of the New York Medical Gazette, and the writer of an article on asthma in this Journal some years since—much respected for his integrity and christian character.

Report of Deaths in Boston—for the week ending Feb. 20th. 53.—Males, 18—females, 35. Stillborn, 12. Of consumption, 8—lung fever, 3—slow fever, 1—bilious fever, 1—brain fever, 1—croup, 4—child-bed, 2—marasmus, 2—inflammation of the lungs, 5—pleurisy, 2—dropsy on the brain, 3—hooping cough, 2—old age, 1—influenza, 1—debility, 2—scrofula, 1—paralysis, 1—convulsions, 2—dysentery, 1—scarlet fever, 1—accidental, 2—infantile, 1—disease of heart, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 3.

The Ether Inhalation in London.—The following is the manner in which the subject of Dr. Morton's *letheon* is introduced to the readers of the British and Foreign Medical Review, by the editor, Dr. Forbes—succeeding which, are the two letters alluded to, of our respected townsmen, for which we have not room, and also Dr. Bigelow's article from this Journal.

"Just as our last proof was passing through our hands, we received from our medical friends in Boston the account of a matter so interesting to surgeons, and indeed to every one, that we take the opportunity of introducing it here. We know nothing more of this new method of eschewing pain than what is contained in the following extracts from two private letters, kindly written to us by our excellent friends, Dr. Ware and Dr. Warren, of Boston—both men of the highest eminence in their profession in America—and, we may truly say, in Europe also. It is impossible, however, not to regard the discovery as one of the very highest importance, not in the practice of operative surgery only, but as Dr. Ware suggests, in practical medicine also. We trust our friends will forgive us for putting into print their private communications. The importance of the subject and the necessity of authenticating the statements, are our excuses. The authors of the discovery are Dr. C. T. Jackson and Dr. Morton."

In a postscript, Dr. F. mentions having seen the two surgical operations of Mr. Liston, which have been referred to in this Journal, and then adds—

"The momentous details given above suggest many remarks which we have no room to record. We are only able to observe that if the new process shall supersede that employed, with a like object, by the mesmerists, we must concede to them that it supplies, from analogy, additional reasons for believing in their statements in regard to the production, by their process, of insensibility to pain."

Wisconsin Medical Convention.—One of the first objects of the profession, after the organization of the territory of Wisconsin into a sovereign state, was to unite their strength to give character to the medical practitioner, by defining the standard of education which qualifies a man for engaging in the high and responsible duties of a surgeon and physician. A meeting was held at the capitol in Madison, on the 12th of January, Dr. Mason C. Darling, of Fond du Lac, in the chair, and Dr. Henry Clark, of Walworth, secretary. On the second day of the session, it was resolved, "That if any member thereof shall neglect to attend meetings of this Society for two years without rendering a satisfactory excuse, his membership may be declared forfeited and his place filled by the election of some other person." Dr. John B. Dousman, of Milwaukee, was chosen President; Dr. L. B. Brainard, of Sheboygan, Vice President; Dr. Chandler B. Chapman, of Madison, Recording Secretary; Dr. B. B. Carey, of Racine, Treasurer; Drs. L. S. Hewett and E. B. Wolcott, of Milwaukee, and Dr. Blanchard, of Racine, Censors; and Dr. Jesse Moore, of Rock, Corresponding Secretary."

Triplets and Malformation.—Mrs. J. Chase, of Vermont, recently gave birth to three children, two boys and one girl. The boys were connected by a ligature, resembling that which connects the famous Siamese twins. The point of connection was a little on one side of each, and extended from the abdomen up to the chest, so that had they survived, and attained the use of their limbs, they might probably have walked abreast. The boys were still-born; the girl survived about an hour. The mother was doing well.